OMB APPROVAL FORM D **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION OMB Number: Washington, D.C. 20549 Expires: Estimated average burden hours per FORM D response... NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SEC USE ONLY **SECTION 4(6), AND/OR** Serial Prefix NIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Private Placement ULOE **Rule** 506 Section 4(6) Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 Type of Filing: New Filing ☐ Amendment A, BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this an amendment and name has changed, and indicate change.) FastScale Technology, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (408) 463-6130, Ext. 801 440 N. Wolfe Road Sunnyvale, CA 94085 Felephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City State, Zip Code) (if different from executive Offices **Brief Description of Business** NOV 2 3 2007 Adaptive Computing Software <del>THOMSON</del> Type of Business Organization FINANCIAL Corporation limited partnership, already formed other (please specify): ☐ business trust ☐ limited partnership, to be formed Month

Year

0 6

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Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

# GENERAL INSTRUCTIONS

Actual or Estimated date of Incorporation or Organization:

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77496)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDEN	TIFICATION DATA	
<ul> <li>2. Enter the information requested for the following</li> <li>Each promoter of the issuer, if the issuer has been beneficial owner having the power to vo</li> <li>Each executive officer and director of corpora</li> <li>Each general and managing partner of partner</li> </ul>	een organized within the p te or dispose, or direct the te issuers and of corporate	vote or disposition of, 10% or	
Check Box(es) that Apply: ☐ Promoter ☐ 1	Beneficial Owner 🛮 🖾 Exec	utive Officer 🛛 Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
LeBlanc, Lynn			
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		
440 N. Wolfe Road, Sunnyvale, CA 94085			
Check Box(es) that Apply: Promoter	Beneficial Owner 🛛 Exec	utive Officer 🛛 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		•	
White, Mark Cameron			
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		<del>.</del>
545 Middlefield Road, Suite 250, Menlo Par	c, CA 94025		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner 🛛 Exec	utive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Offer, Richard			
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		
601 4 <sup>th</sup> Street, #102, San Francisco, CA 941	07		
Check Box(es) that Apply:	Beneficial Owner 🛮 🖾 Exec	utive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Vlaovic, Stevan			
Business or Residence Address (Number and Stree 150 Dolton Avenue, San Carlos, CA 94070	t, City, State, Zip Code)		
	Beneficial Owner	utive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
,			
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	utive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	LACO		
Turn (Lux nume man, minorman)			
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		
Check Box(cs) that Apply: Promoter	Beneficial Owner	utive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	_ =		
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Business or Residence Address (Number and Stree	t, City, State, Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	utive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
			<u></u>
Business or Residence Address (Number and Stree	t, City, State, Zip Code)		

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	·	•					B. INFO	RMATIO	N ABOU	Γ OFFER	ING				_	
Answer also in Appendix, Column 2, if filling under ULOE.  2. What is the minimum investment that will be accepted from any individual?																
2. What is the minimum investment that will be accepted from any individual?	1.	Has the issu-	er sold, or	does the i	ssuer inter	nd to sell,	to non-acc	redited in	vestors in	this offeri	ng?				🗆	$\boxtimes$
States   The control   The c										_						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer, from than throker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer, row may set forth the broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	2.	What is the	minimum	investmen	t that will	be accept	ed from ar	y individ	ual?							
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for unitensition of purchases in connection with sales of Securities in the Offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer only.  Full Name (Last name first, if Individual)  NAA  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IIL] [IN] [IR] [IN] [IN] [IN] [IN] [IN] [IN] [IN] [IN																
Similar remumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or again of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer.   Provided the information for that broker or dealer.															🔀	Ш
Name of Associated Broker or Dealer		similar remu associated p dealer. If mo	neration f erson or a ore than fi	or solicita gent of a b ve (5) pers	tion of pur roker or d	rchasers ir ealer regis	connection	on with sa the SEC	les of secu and/or wit	rities in th h a state c	ne offering or states, li	. If a perse st the nam	on to be lis e of the br	sted is an oker or		
Business or Residence Address (Number and Street, City, State, Zip Code)	Full	Name (Last	name first	, if individ	ual)	_										
Name of Associated Broker or Dealer	N/A															
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busin	ness or Resid	dence Add	lress (Num	ber and S	treet, City	, State, Zip	Code)								
Check "All States" or check individual States)   All States	Nam	e of Associa	ted Broke	r or Deale	•											
Check "All States" or check individual States)	State	s in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers				-				
AL   AK   AZ   AR   CA   CO   CT   DE   DC   FL   GA   HI   [ID   IIL   IIN   IIA   KS   KY   LA   ME   MD   MA   MI   MM   MS   MO   MA   MI   MM   MM   MM   MM   MM   MM															🔲 Al	1 States
MT]   NE]   NV]   NH]   NJ]   NM]   NY]   NC]   ND]   OH]   OK]   OR]   PA]   RI]   SC]   SD]   TN]   TX]   UT]   VT]   VA]   WA]   WV]   WI]   WY]   PR]																
RI		[IL]	[IN]	[IA]	[KS]	[KY]			[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "Ail States" or check individual States)		[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]		
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full	Name (Last	name first	, if individ	ual)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Busi	ness or Resid	dence Add	lress (Num	ber and S	treet, City	, State, Zij	Code)								
Check "All States" or check individual States	Nam	e of Associa	ted Broke	r or Deale	г	<del></del>										
Check "All States" or check individual States	State	s in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers					_			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	(Che	ck "All State	es" or chec	k individu	ial States)				**********						📋 Ali	l States
[MT]       [NE]       [NV]       [NH]       [NJ]       [NM]       [NY]       [NC]       [ND]       [OH]       [OK]       [OR]       [PA]         [RI]       [SC]       [SD]       [TN]       [TX]       [UT]       [VT]       [VA]       [WA]       [WV]       [WY]       [PR]    Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full	Name (Last	name first	, if individ	lual)				·							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Busin	ness or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zi <sub>l</sub>	Code)							-	
(Check "All States" or check individual States)       All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	Name	e of Associa	ted Broke	r or Dealer	ī						<del>-</del>					
(Check "All States" or check individual States)       All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	State	e in Which T	Porcon 1 in	ted Ues C	lioitad a	Intenda •=	Soliais De	rchase=s						<u> </u>		
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]												-				

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCE	EDS			_
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if an answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			<del>_</del>		
	Type of Security	Aggre Offerin	g Pri		Amount Already Sold	,
	Debt				\$	
	Equity	\$ <u>6,500,</u>	<u>000.4</u>	<u>2</u>	\$ <u>6,500,000,42</u>	
		\$ 0			<b>\$</b> _0	
	Convertible Securities (including warrants)				\$	
	•				\$	
	Other (Specify)				\$6.500,000,43	
	Total	\$ <u>0,500,</u>	000.4	<u> </u>	\$ <u>6,500,000.42</u>	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" answer is "none" or "zero."		er		Aggregate	
		Invest			Dollar Amount Of Purchases	
	Accredited Investors	5			\$ <u>6,500,000.42</u>	
	Non-accredited Investors	0		_	\$ <u>0</u>	
	Total (for filings under Rule 504 only)	N	I/A		\$ <u>N/A</u>	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of Offering	Type of Security			Dollar Amount Sold	
	Rule 505		-		\$_N/A	
	Regulation A			_	\$_N/A	
	Rule 504			_	\$_N/A	
	Total			_	\$	
	Total			_	Ψ	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check to the left of the estimate.					
	Transfer Agent's Fees			\$_		
	Printing and Engraving Costs			<b>\$</b> _	<u>.</u>	_
	Legal Fees	*********	$\boxtimes$	\$ _1	20,000.00	
	Accounting Fees			\$_		
	Engineering Fees			\$_	<u></u>	
	Sales Commissions (specify finders' fees separately)					
	Other Expenses (identify)			\$		
	Total		_	<b>\$</b> 1	20,000.00	

	· C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSE	S AND USE OF	PROCEEDS
	b. Enter the difference between the aggregate offe furnished in response to part C – Question 4.a. Th	otal expenses 		
í.	Indicate below the amount of the adjusted gross procee shown. If the amount for any purpose is not known, fur total of the payments listed must equal the adjusted gro above.	nish an estimate and check the box to	the left of the estin	nate. The
			Paymer Office Directo Affilia	ers, rs, & Payments To
	Salaries and fees		🗆 \$	
	Purchase of real estate		🗆 \$	<del></del>
	Purchase, rental or leasing and installation of maci	hinery and equipment	🔲 \$	
	Construction or leasing of plant buildings and faci		🗆 \$	
	Acquisition of other businesses (including the value that may be used in exchange for the assets or second merger)	urities of another issuer pursuant to a	_	S
	Repayment of indebtedness		🗆 \$	\$
	Working capital (and start-up expenses)		🗆 \$	<u>\$6,380,000.42</u>
	Other (specify):		<del></del>	
			 	\$
	Column Totals			
	Total Payments Listed (column totals added)		🛭	\$ 6,380,000.42
_	D FFDFI	RAL SIGNATURE	· · · ·	
igi	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish ormation furnished by the issuer to any non-accredited in	dersigned duly authorized person. If to the U.S. Securities and Exchange C	Commission, upon	
ssi	uer (Print or Type)	Signature /	1	Date
<b>a</b> 9	stScale Technology, Inc.	Xm X4Il	ne	August <u>24</u> , 2007
laı	ne of Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
٧ı	nn LeBlanc	Chief Executive Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	E. STATE SIGNATURE			
1. Is any party described in 17 CFR 230.25	52 ©, (d), (e) or (f) presently subject to any of the disquali	fication provisions	Yes	No
of such a rule?				$\boxtimes$
	See Appendix, Column 5, for state respons	e.		
<ol> <li>The undersigned issuer hereby undertak D (17 CFR 239.500) at such times as red</li> </ol>	es to furnish to any state administrator of any state in which quired by state law.	ch this notice is filed, a	notice on F	<sup>F</sup> orm
<ol><li>The undersigned issuer hereby undertak to offerees.</li></ol>	es to furnish to the state administrators, upon written requi	est, information furnish	ned by the i	ssuer
Offering Exemption (ULOE) of the state	ne issuer is familiar with the conditions that must be satisf e in which this notice is filed and understands that the issu g that these conditions have been satisfied.			
The issuer has read this notification and know authorized person.	vs the contents to be true and has duly caused this notice to	o be signed on its behal	If by the un	dersigned duly
Issuer (Print or Type)	Sighature	Date		
FastScale Technology, Inc.	Xim XiSlim	August <u>24</u> , 200	7	
Name (Print or Type)	Title (Print or Type)			
Lynn LaRlanc	Chief Executive Officer			

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

				AI	PPENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security offering price offered in state (Part C-Item 1)		Type of i amount pur (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No	Series A Preferred Stock \$6,500,000.42	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	,,	4	\$5,500,000.09	0			X
СО									
СТ			-						
DE									
DC				, ,					
FL									
GA		<del> </del>						<del></del>	
Hi									
ID									
IL									
IN				<u>-</u>					
IA									-
KS									
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ME									
MD							<u> </u>		
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MN									
MS				<u> </u>					
МО									
MT					-				
NE									
NV		<u> </u>					-		
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				Al	PPENDIX				
1	Intend to sell to non-accredited investors in State		Type of security offering price offered in state (Part C-Item 1)		Type of i amount pure (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	(Part B-Item 1) Yes No		Series A Preferred Stock \$6,500,000.42	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH									
NJ									
NM				·					_
NY									-
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC						· · · · · · · · · · · · · · · · · · ·			
SD									
TN									
TX		Х		1	\$1,000,000.33	0			Х
UT		<b>-</b>					<del> </del>		
VT							<del>                                     </del>		
VA							1		
WA							<del> </del> -		
wv							<del>                                     </del>	-	
WI							<del> </del>		
WY									
PR							<del>                                     </del>		

